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Community Services
North Battleford Region

# NORTH BATTLEFORD HEALTH REGION # 13

## ANNUAL REVIEW

1988-89

C.V

Saskatchewan

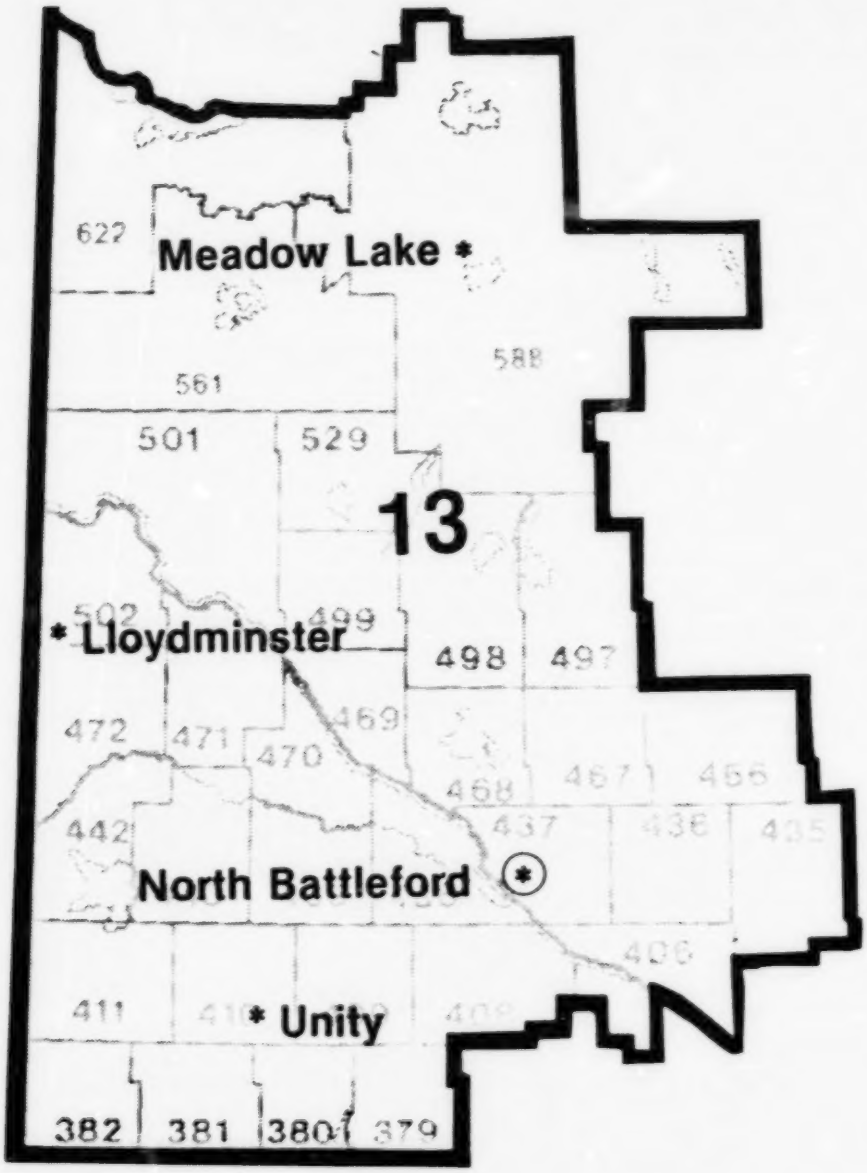

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TABLE OF CONTENTS


| | |
|---|---|
| Page 2 | Personnel at March 31, 1989 |
| Page 3 | Personnel Changes (April 1, 1988 - March 31, 1989) |
| Pages 4,5,6,7 | Health Districts, Municipal Health Representatives (At March 31, 1989) and Populations (At June 30, 1986-87-88) |
| Page 8 | Vital Events, Births, (1988), Birth Rate and Natural Increase (1986-87-88), and Causes of Death (1988) |
| Page 9 | Communicable Diseases Reported |
| Page 9 | Regional Director and Medical Health Officer's Report |
| Page 11 | Public Health Nursing Annual Report |
| Page 13 | Selected Nursing Statistics |
| Page 14 | Senior Public Health Inspector's Report |
| Page 15 | Nutritionist's Report |
| Page 16 | Nutritionist Services Statistics |
| Page 17 | Early Childhood Psychologist's Report |
| Page 18 | Early Childhood Psychology Statistics |
| Page 19 | Speech and Language Pathologists' Report |
| Page 21 | Speech and Language Services Statistics |
| Page 22 | Chiropody |
| Page 23 | Chiropody Statistics |
| Page 24 | Dental Health Education |
| Page 25 | Community Therapy |
| Page 26 | Community Therapy Statistics |
| Page 27 | Saskatchewan Hearing Aid Plan |

## PERSONNEL

(at March 31, 1989)

### North Battleford

Dr. Paul F. Schnee, Regional Director & Medical Health Officer
Gordon Terry, Director, Regional Support Services
Gwen Johnstone, Nursing Supervisor
Jean Leitner, PHN II (on definite leave)
Shirley Parkinson, PHN II
Shelley Robinson, PHN (on definite leave)
Roberta Parkes, PHN
*Rhonda Patterson, PHN
Karen Cubbon, PHN
Evelyn Rothenburger, PHN
Cathy Gelech, PHN
*Charlotte Hamilton, PHN
Sherry Robinson, PHN (on definite leave)
Jette Da Silva, PHN
John Johnson, Sr. Public Health Inspector
Richard Koroluk, PHI
Ken Startup, PHI
Darlene Meeds, PHI
Cathy Richardson, Speech-Language Pathologist (on definite leave)
Betty Tholl, Speech-Language Pathologis
Rupal Bonli, Early Childhood Psychologi
Shelly Hagen, Nutritionist
Carla Pattinson, Sr. Steno.
Yvonne Gratton, Clerk-Typist II
Louise Sendecki, Clerk-Typist II
*Donna Bruynooghe, Clerk-Typist II
*Doreen Pierce, Clerk-Typist II
*Sharon Kozak, Clerk I
Dr. Ken Richardson, Chiropodist (on definite leave)
Haila McHugh, Community Therapist
Pam Pierson, Dental Health Educator (on definite leave)
Leslee Clark, Dental Health Educator
Ranjit Mann, Audiologist (SHAP)

### Lloydminster

Joyce Rutherford, PHN
Kathy Bloch-Hansen, PHN (on definite leave)
Dawn McKenzie-Weinhandl, PHN
*Darlene Morgan, PHN
Glenys Coleman, PHN
*Leanne Sauer, PHN
Alice Garland, PHN (on definite leave)
*Jo Ann Herle, PHN
*Kathy Dumouchel, Community Therapist
Lynne Leard, Clerk-Typist II
*Virginia O'Rourke, Clerk-Typist II
*Doreen Gallant, Clerk-Typist II (casual)
Kathy Moore, PHI (on definite leave)
Terri Pulfer, Speech Language Pathologi

### Meadow Lake

Irmgard Carbert, PHN
Ruth Hollis, PHN
*Susan Mamer, PHN (on definite leave)
*Sheila Hart, PHN
Bernadette LeBoeuf, Dental Health Educator (on definite leave)
Steven Deegan, PHI
*Carolyn Vidal, Clerk-Typist II
*Linda Stephenson, Dental Health Educator
*Ellen Wagner, Dental Health Educator

### Unity

Carol Ryan, PHN
*Kathy Johnson, PHN
*Yvonne Wiesner, PHN
*Mary Sirrs, Clerk I

### Turtleford

*Margaret Currie, Community Therapist

* Indicates part-time

## PERSONNEL CHANGES
## April 1, 1988 - March 31, 1989

### North Battleford Office

Gordon Terry, Director of Regional Support Services, began employment June 27, 1988.
Pam Pierson, Dental Health Educator, began maternity leave June 17, 1988. She was replaced temporarily by Leslee Clark on August 22, 1988
Shirley Parkinson, PHN II, temporary, began July 25, 1989, replacing Jean Leitner, who began her maternity leave July 11, 1988.
Darlene Meeds, PHI, returned from maternity leave July 18, 1988.
Glenna Swanson, Chiropody Assistant, resigned July 18, 1988
Beverley Hill, PHN I, resigned July 8, 1988
Maggie Pioro, Regional Nutritionist, resigned August 31, 1988 and was replaced on January 3, 1989, by Shelly Hagen.
Dalton Melenchuk, PHI Trainee, worked a three month field training from June to August.
Rhonda Patterson and Charlotte Hamilton, PHNs, began job sharing September 1, 1988.
Cathy Gelech, PHN, began temporary employment September 19, 1988.
Dr. K. V. Richardson, Chiropodist, began education leave September 7, 1988.
Roberta Parkes, PHN, transferred to North Battleford from Prince Albert October 1/88.
Cathy Richardson, Speech Language Pathologist, began definite leave November 1, 1988 and was replaced temporarily by Betty Tholl on December 5, 1988.
Doreen Pierce, Clerk-Typist II part-time, began work December 12, 1988.
Shelley and Sherry Robinson, PHNs, began a three month leave January 1, 1989.
Sandra Doroshenko, Clerk-Typist II, North Battleford resigned March 28, 1989.

### Lloydminster District Office

Kathy Moore, PHI, returned to full-time employment April 4, 1988 and began a maternity leave on November 18, 1988.
Sandy Gillatt, PHN, transferred to Prince Albert Health Region April 4, 1988
Joyce Rutherford, PHN, returned to work May 2, 1988 from a 15 month leave.
Orlene Martens, Speech Language Pathologist, resigned May 19, from her part-time position and was replaced with Terri Pulfer who began full-time employment August 22, 1989.
Dawn McKenzie-Weinhandl, PHN, began a two month leave of absence June 1, 1988.
Alice Garland, PHN began full-time employment June 15, 1988, and began a maternity leave on February 6, 1989.
Jo Ann Herle, PHN, began part-time employment March 14, 1989.
Kathy Bloch-Hansen, PHN, began maternity leave March 6, 1989.

### Meadow Lake District Office

Joan Casper, Clerk-Typist I, Meadow Lake resigned April 15th, as the incumbent, Carolyn Vidal, returned from her maternity leave April 18, 1988
Bernie LeBueof, Dental Health Educator, began maternity leave June 3, 1988 and was replaced by Ellen Wagner and Linda Stevenson, on August 22, 1988. They are job sharing her position.
Ruth Hollis, PHN, began permanent employment August 1, 1988, following a period of temporary employment.

### Unity District Office

Carol Ryan, PHN, returned to full-time employment April 5, 1988.
Kathy Johnson, PHN, took a maternity leave from July 1, 1988 to January 30, 1989.

### Turtleford Office

Margaret Currie, Community Therapist, began part-time employment August 16, 1988. She is headquartered out of her home in Turtleford.

## THE BATTLEFORDS HEALTH DISTRICT #1

| Municipalities | Municipal Health Councillors |
|---|---|
| North Battleford | Glen Hornick, Box 732, N. Battleford, S9A 2Y9<br>Dr. Mary McPhail, 500-11 Ave., N. Battleford, S9A 2S6<br>Donna Challis, 9038 - 16th Ave., N. Battleford S9A 2T7<br>Tom Donahue, 1751 - 104th St., N. Battleford S9A 1P8<br>Len. J. Quiring, 1681 - 92nd St., N. Battleford S9A 0B3<br>Wayne W. Ray, 1011 - 113th St., North Battleford, S9A 2L9<br>Donald A. Salie, 1721 - 92nd Street, N. Battleford S9A 0B5 |
| Battleford (Town) | Joe Degenstein, Box 466, Battleford, S0M 0E0 |

## NORTH BATTLEFORD RURAL HEALTH DISTRICT #2

| Municipalities | Municipal Health Councillors |
|---|---|
| R. M. 377, Glenside | Joan Rayner, R.R. #1, Battleford, S0M 0E0 |
| R. M. 406, Mayfield | David Roberts, Box 118, Radisson, S0K 3L0 |
| -Denholm (Village) | Harry Moffatt, Denholm, Sask. S0M 0R0 |
| -Maymont (Village) | Rodney Munn, Maymont, S0M 1T0 |
| -Ruddell (Village) | Ken Wilkinson, Box 21, Ruddell, S0M 2S0 |
| R.M. 408, Prairie | Roland Radchenko, R.R. #1, Battleford, S0M 0E0 |
| R.M. 435, Redberry | Alan J. Tanchak, Box 160, Hafford, S0J 1A0 |
| -Hafford (Village) | Sylvester Kohut, Box 481, Hafford, S0J 1A0 |
| -Krydor (Village) | Gerald Kinch, Krydor, Sask. S0J 1K0 |
| R.M. 436 Douglas | Ronald A. Tanchak, Box 964, Speers, S0M 2V0 |
| -Richard (Village) | Leslie Johnston, Richard, S0M 2P0 |
| -Speers (Village) | Thomas E. Nicholson, Speers, S0M 2V0 |
| R.M. 437 (North Battleford) | Mrs. Mary Weir, 1704 Gregory Drive, N.B. S9A 3E2 |
| R.M. 438 Battle River | George Jackson, Box 458, Battleford, S0M 0E0 |
| R.M. 439, Cut Knife | Dwight Brown, Rockhaven, S0M 2R0 |
| -Cut Knife (Town) | Jack Rowswell, Box 563, Cut Knife, Sask. S0M 0N0 |
| -Rockhaven (Village) | Don Rowat, Rockhaven, S0M 2R0 |
| R.M. 440, Hillsdale (Half R.M.) | Harvey Ramsay, Neilburg, S0M 2C0 |

| Municipalities | Municipal Health Councillors |
|---|---|
| R.M. 466, Meeting Lake | Marion Toews, Mayfair, S0M 1S0 |
| R.M. 467, Round Hill | Walter Ewanchuk, R.R. #1, Mayfair, S0M 1S0 |
| - Rabbit Lake (Village) | Ian McLennan, Box 9, Rabbit Lake, S0M 2L0 |
| R.M. 468 Meota | Kenneth Tucker, R.R. #3, N.B. S9A 2X4 |
| - Meota (Village) | Viola MacLeod, Box 86 Meota, S0M 1X0 |
| - Metinota | Richard Bunce, 1401 - 107 St, N.B. S9A 1Z8 |
| R.M. 497, Medstead | Emil Larson, Medstead, S0M 1W0 |
| - Medstead (Village) | Darrin Beaudoin, Box 148, Medstead, S0M 1W0 |
| R.M. 498, Parkdale | Lawrence D. Ferguson, Gen. Del. Glaslyn, S0M 0Y0 |
| - Glaslyn (Village) | Lloyd Dimond, Box 430, Glaslyn, S0M 0Y0 |

## UNITY HEALTH DISTRICT #3

| Municipalities | Municipal Health Councillors |
|---|---|
| R.M. 379, Redford | Robert Pernitsky, Box 700 Wilkie, S0K 4W0 |
| - Landis (Village) | Agnes Small, Landis, S0K 2K0 |
| R.M. 380 (Tramping Lake) | Frank F. Laturnus, Box 101, Tramping Lake, S0K 4H0 |
| - Scott (Town) | Charles Schneider, Scott, S0K 4A0 |
| R.M. 381, Grass Lake | Vern Schaab, Unity, S0K 4L0 |
| - Salvador (Village) | Ruth Gerling, Box 65, Salvador, S0L 2W0 |
| R.M. 382, Eye Hill | Norbert Leibel, Box 116, Denzil, Sask. S0L 0S0 |
| - Macklin (Town) | Roman Stang, Macklin, S0L 2C0 |
| - Denzil (Village) | Ken Dewald, Denzil, S0L 0S0 |
| - Evesham (Village) | Eunice Partington, Box 24, Evesham, S0L 1B0 |
| - Primate (Village) | Alex Rowein, Box 76, Primate, S0L 2S0 |
| R.M. 409, Buffalo | Diane L. Sander, Box 905 Wilkie, S0K 4W0 |
| - Wilkie (Town) | Kae Campbell, Box 395 Wilkie, S0K 4W0 |
| R.M. 410, Round Valley | Mike Winterhalt, Box 32, Unity, Sask. S0K 4L0 |
| - Unity (Town) | Lee Wade, Box 113, Unity, Sask. S0K 4L0 |
| - Adanac (Village) | Debbie Ralston, Box 161, Unity, Sask. S0K 4L0 |
| R.M. 411, Senlac | Muriel Claughton, Box 1353 Unity, S0K 4L0 |
| - Senlac (Village) | Harvey Bounting, Senlac, Sask. S0L 2Y0 |

## LLOYDMINSTER RURAL HEALTH DISTRICT #4

| Municipalities | Municipal Health Councillors |
|---|---|
| R.M. 440 Hillsdale (Half RM) | Garth Hollingshead, Neilburg, S0M 2C0 |
| - Neilburg (Village) | Lyle Thom, Neilburg, S0M 2C0 |
| R.M. 442, Manitou Lake | Neil Lamb, Neilburg, S0M 2C0 |
| - Marsden (Village) | Jean Brannick, Marsden, S0M 1P0 |
| R.M. 470, Paynton | Arthur Jones, Box 259 Paynton, S0M 2J0 |
| - Paynton (Village) | Ronald Falcon, Box 54 Paynton, S0M 2J0 |
| R.M. 471, Eldon | Vern Smith, Maidstone, S0M 1M0 |
| - Maidstone (Town) | Lawrence Meier, Box 270 Maidstone, S0M 1M0 |
| - Waseca (Village) | Carol Hamelin, Box 91 Waseca, S0M 3A0 |
| R.M. 472, Wilton | Susan Graham, Box 42, Lone Rock 0M 1K0 |
| - Lashburn (Town) | Beth Martens, Box 29, Marshall, S0M 1R0 |
| - Marshall (Village) | Sylvia Broley, Marshall, S0M 1R0 |
| R.M. 502, Britannia | James M. Oliver, R.R.# 2, Lloydminster, S9V 0X7 |

## TURTLEFORD HEALTH DISTRICT #5

| Municipalities | Municipal Health Councillors |
|---|---|
| R.M. 469, Turtle River | Owen Jones, Vawn, Sask. S0M 2Z0 |
| - Edam (Village) | Clarence Hanson, Edam, S0M 0V0 |
| - Vawn (Village) | Maurice Duhaime, Box 54, Vawn, S0M 2Z0 |
| R.M. 499, Mervin | Jack McMurphy, Box 36, Turtleford, S0M 2Y0 |
| - Mervin (Village) | John T. Otteson, Box 44, Mervin, S0M 1Y0 |
| - Turtleford (Town) | Frank Dopson, Turtleford, Sask. S0M 2Y0 |
| R.M. 501, Frenchman Butte | J. Baptiste Larre, St. Walburg, S0M 2T0 |
| - St. Walburg (Town) | Josephine Prosser, Box 400, St. Walburg, S0M 2T0 |
| - Paradise Hill (Village) | Richard S. Dundas, Paradise Hill, S0M 2G0 |
| R.M. 529, Greenfield | Garry Kaplar, Gen. Del. Livelong, Sask. S0M 1J0 |
| - Spruce Lake (Village) | Wayne Rivard, Spruce Lake, S0M 2W0 |

## MEADOW LAKE HEALTH DISTRICT #6

| Municipalities | Municipal Health Councillors |
|---|---|
| R.M. 561, Loon Lake | Leslie Mathisen, Box 69, Makwa, S0M 1N0 |
| - Loon Lake (Village) | Harry J. Kostuik, Loon Lake, S0M 1L0 |
| - Makwa (Village) | Frank Bertrand, Makwa, S0M 1N0 |
| R.M. 588, Meadow Lake | Chester Olson, Box 156, Meadow Lake, S0M 1V0 |
| - Meadow Lake (Town) | Doug Cook, Box 2386, Meadow Lake, S0M 1V0 |
| R.M. 622, Beaver River | Siegfried Bansch, Goodsoil, S0M 1A0 |
| - Goodsoil (Village) | Mary Slager, Goodsoil, S0M 1A0 |
| - Green Lake (Northern Village) | Lois Goy, Box 96, Green Lake, S0M 1B0 |
| -Pierceland (Village) | Marlene Pikowicz, Pierceland, S0M 2K0 |

## LLOYDMINSTER CITY HEALTH DISTRICT #7

| Municipalities | Municipal Health Councillors |
|---|---|
| Lloydminster (City) | Mayor P. Gulak, 4702 - 38 St, Lloydminster S9V 0B7 |
| | D. Arthur, c/o 5011-49 Ave., Lloydminster, S9V 0T8 |
| | H. Flieger, 5635-46 St, Lloydminster T9V 0E6 |
| | B. Foster, 5307-46 Street, Lloydminster, T9V 0C9 |
| | C. MacKay, 5314-45 St, Lloydminster, S9V 0B7 |
| | R. Starke, 2901-56 Ave., Lloydminster, T9V 2B2 |
| | R. Summers-Gill, 5613-35 St., Lloydminster, T9V 1S1 |

## VITAL EVENTS (Including Reserves)

| YEAR | BIRTHS | DEATHS | INFANT DEATHS | NEONATAL DEATHS | PERINATAL DEATHS | STILL BIRTHS | INFANT DEATH RATE | PERINATAL DEATH RATE |
|---|---|---|---|---|---|---|---|---|
| 1985 | 1,675 | 644 | 19 | 13 | 18 | 8 | 11.34 | 10.70 |
| 1986 | 1,557 | 658 | 11 | 7 | 11 | 5 | 7.06 (8.8) | 7.04 (8.25) |
| 1987 | 1,488 | 591 | 12 | 5 | 10 | 6 | 8.06 | 6.69 |
| 1988 | 1,421 | 581 | 8 | 4 | 10 | 6 | 5.63 | 7.01 |

## BIRTHS (1988, Including Reserves)

Births by Mothers' Age and Marital Status

| AGE | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45+ | TOTAL | % |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 2 | 160 | 440 | 535 | 221 | 54 | 9 | | 1421 | 100 |
| Married | 0 | 23 | 269 | 419 | 186 | 42 | 6 | | 945 | 66 |
| Other | 2 | 137 | 171 | 116 | 35 | 12 | 3 | 0 | 476 | 34 |

## BIRTH RATE AND NATURAL INCREASE (Including Reserves)

| YEAR | BIRTHS | DEATHS | POPULATION | NATURAL INCREASE | TOTAL INCREASE | CRUDE BIRTH RATE (per 1,000) |
|---|---|---|---|---|---|---|
| 1985 | 1,675 | 644 | 93,378 | 1,031 | 1,478 | 17.94 |
| 1986 | 1,557 | 658 | 95,138 | 899 | 1,761 | 16.37 |
| 1987 | 1,488 | 591 | 95,140 | 897 | 2 | 15.64 |
| 1988 | 1,421 | 581 | 93,745 | 840 | (1,395) decrease | 15.16 |

## CAUSES OF DEATH (1988, Including Reserves)

| CAUSES | ALL AGES TOTAL | ALL AGES MALE | ALL AGES FEMALE | AGE CATEGORIES <15 | AGE CATEGORIES 15-64 | AGE CATEGORIES 65+ |
|---|---|---|---|---|---|---|
| All causes of death | 581 | 363 | 218 | 19 | 138 | 424 |
| Infectious Diseases | 4 | 1 | 3 | 1 | 0 | 3 |
| Cancer | 143 | 90 | 53 | 0 | 39 | 104 |
| Nutritional Deficiencies,Endocrine & Metabolic Dis. | 12 | 2 | 10 | 0 | 3 | 9 |
| Disease of Blood Forming Organs | 2 | 0 | 2 | 0 | 1 | 1 |
| Mental Disorders | 4 | 2 | 2 | 0 | 1 | 3 |
| Diseases of the Nervous System | 6 | 5 | 1 | 0 | 6 | 0 |
| Heart and Blood Vessels | 242 | 151 | 91 | 0 | 32 | 210 |
| Diseases of Respiratory System | 63 | 43 | 20 | 1 | 4 | 58 |
| Digestive System | 20 | 8 | 12 | 1 | 3 | 16 |
| Diseases of Urinary System | 13 | 7 | 6 | 0 | 5 | 8 |
| Skin Diseases,Musculoskeletal & Connective Tissue | 3 | 3 | 0 | 0 | 0 | 3 |
| Congenital Anomalies | 2 | 1 | 1 | 2 | 0 | 0 |
| Conditions in Perinatal Period | 3 | 1 | 2 | 3 | 0 | 0 |
| Symptoms & Ill-Defined Conditions | 3 | 1 | 2 | 2 | 0 | 1 |
| Transport Accidents | 17 | 12 | 5 | 4 | 12 | 1 |
| Other Accidents, Poison and Fire | 27 | 22 | 5 | 5 | 17 | 5 |
| Suicide, Self-Inflicted Injury & Other Violent Deaths | 17 | 14 | 3 | 0 | 15 | 2 |

## COMMUNICABLE DISEASES REPORTED

| | 1985-86 | 1986-87 | 1987-88 | 1988-89 |
|---|---|---|---|---|
| Amoebiasis (Amoebic Dysentery)..... | 0 | 0 | 5 | 6 |
| Campylobacter ..... | 13 | 19 | 12 | 28 |
| Chickenpox ..... | 47 | 69 | 80 | 82 |
| Diphtheria Cases ..... | 0 | 0 | 0 | 1 |
| Erythema Infectiosum (5th Disease).. | -- | -- | 1 | -- |
| Food Poisoning ..... | 0 | 0 | 1 | 49 |
| Gastroenteritis (E. Coli) ..... | 1 | 2 | 6 | -- |
| Giardiasis..... | 10 | 29 | 107 | 114 |
| Hepatitis: A ..... | 85 | 14 | 16 | 20 |
| B (cases)..... | 2 | 4 | 2 | 2 |
| B (carriers)..... | 2 | 0 | 3 | -- |
| Infectious Mononucleosis..... | 0 | 9 | 43 | 28 |
| Measles (Rubeola)..... | 1 | 108 | 77 | 3 |
| Meningitis/Encephalitis | | | | |
| - Haemophilus ..... | 0 | 2 | 2 | 4 |
| - Pneumococcal ..... | 0 | 1 | 1 | -- |
| - Other Bacterial ..... | 1 | 2 | 1 | -- |
| - Viral ..... | 1 | 1 | 2 | -- |
| Meningococcus..... | 1 | 2 | 1 | -- |
| Mumps..... | 0 | 1 | 1 | 4 |
| Pertusis (Whooping Cough)..... | 2 | 2 | 1 | 10 |
| Parapertussis ..... | -- | -- | -- | 1 |
| Rubella ..... | 0 | 1 | 2 | 7 |
| Salmonellosis ..... | 15 | 16 | 30 | 12 |
| Shigellosis (Bacilliary Dysentery).. | 89 | 30 | 38 | 25 |
| Typhoid (Case/Carrier)..... | -- | -- | 2 | -- |

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## ACTIVITIES OF THE REGIONAL DIRECTOR AND MEDICAL HEALTH OFFICER

As outlined in my 87/88 report, a major emphasis was placed on AIDS education throughout the Region. This continued in 1988/89 as AIDS presentations continued to be given throughout the Region. The demand for educational seminars regarding AIDS far exceeded the time available. The AIDS speakers' bureau was subsequently updated and expanded, providing a greater pool of volunteer speakers to respond to requests within the Region.

Communicable Disease control continued to demand a great deal of time. A new reporting system was implemented to provide for more comprehensive follow-up as well as a better "picture" of communicable disease activity in the Region. Some of the incidents of communicable disease included cases of campylobactor infection due to drinking unpasteurized milk, several cases of pertussis and parapertussis as well as haemophilus meningitis. Information was distributed to the physicians in the Region to assist them to better diagnose cases of pertussis.

Continued . . .

In June, 1988, a great many of the administrative duties that were previously the responsibility of the Medical Health Officer and the Senior Steno were transferred to a newly created position -- Director of Regional Support Services. Orientation and training have been on-going for this position. Although the Medical Health Officer retains ultimate responsibility as Regional Director, the Director of Regional Support Services assumes control of administrative details such as budget, CVA vehicles, and personnel. As well, the DRSS has assumed the direct supervisory role for the Chiropody and Community Therapy program as well as supervising the Senior clerical staff. This has freed the Medical Health Officer's time to concentrate on clinical matters.

I continued to serve as the Provincial representative for Sask. Health during the year and in this capacity attended meetings in Winnipeg and Vancouver.

1988/89 saw the resignation of Dr. Scott as Chairman of the Regional Board of Health. A letter of appreciation and a plaque were presented to Dr. Scott by the Regional Board for his 19 years of effective service as Board Chairman. Mr. Vern Schaab replaced Dr. Scott as Chairman of the Board.

A draft policy on the prevention of Blood and Body Fluid Borne Diseases for hospitals was developed and sent to all hospitals and nursing homes. The guidelines for nurses on immunization entitled "Application and Interpretations of the Green Book" was revised. It is now called "Common Questions Asked About Immunization". Several other handouts were either developed or revised as well throughout the year.

The public's concern and awareness of environmental and safety issues continued regarding the use of chemicals. In response to environmental and safety issues, the Health Region, on the direction of the Regional Board, organized a Farm Safety seminar as part of the fall inservice offered to the Municipal Health Representatives. The seminar was also open to the general public.

A great deal of time was spent both by myself and the clerical staff distributing flu vaccine. The vaccine received in the first shipment was not sufficient and had to be rationed. Once more vaccine was received, it was distributed according to the requests.

In addition to being the Medical Health Officer for the North Battleford Region, during the year, I also acted as the Medical Health Officer for the Rosetown, Swift Current and Prince Albert regions for various periods of time. I requested a transfer to the Saskatoon Rural and Rosetown Regions. My appointment as Medical Health Officer for these regions is to commence May 1, 1989. I will continue to provide Medical Health Officer coverage to the Region until such time a new Medical Health Officer is hired.

I will miss the staff of the North Battleford Health Region. I have enjoyed my work here during the past twelve years and wish the staff and Regional Board the best of luck in their future endeavors.

## PUBLIC HEALTH NURSING ANNUAL REPORT 1988-89

Public health nursing services have continued to emphasize the attainment of optimum health through healthy lifestyle choices and behaviors. Our focus is "health" care as opposed to "illness" care. A team of well qualified and competent nursing staff provides services throughout the Region.

As in previous years, we have had a number of STAFFING CHANGES, the majority for maternity reasons. Recruitment in Lloydminster to cover the maternity leave vacancies has been slow and difficult due to lack of applicants; existing staff have covered priority services. -- Two nurses obtained a three month leave of absence for extended travel; we appreciate the hard work of remaining staff to "cover" in their absences.

Two nurses were selected to participate in an EMPLOYEE WELLNESS PROJECT. Three seminars were presented to enable employees to identify ways and means of improving their own health status.

Regular liaison meetings throughout the year with nursing staff of the BATTLEFORDS INDIAN HEALTH CENTRE enabled us to develop strategies to deliver health services more effectively to native clients.

Nurses have eagerly participated in the SERVING PEOPLE FIRST thrust of the Department, an attempt to involve staff in developing systems and strategies to improve service delivery to all clients.

Routine immunization against HEMOPHILUS INFLUENZAE B was introduced in June of 1988. It is administered in conjunction with other routine immunizations to 18 month old children. Hemophilus is a bacterial infection which on occasion causes serious illness and may lead to meningitis. Hemophilus disease is most serious in children under two years of age, thus routine immunization is made available only to this age group. Parental acceptance of the new vaccine has been excellent and nurses have reported few reactions.

PARENTING CLASSES based on the program "How To Talk So Kids Will Listen and Listen So Kids Will Talk" have been offered on a less than regular basis in a few locations throughout the year. Although it is an excellent program and those participating in the sessions gave most favorable evaluations, our current staffing levels and other program commitments do not allow us to incorporate this as part of our regular programming. There is an evident need for parents to have access to more of this kind of information.

Considerable nursing time was spent in schools screening for SCABIES and HEAD LICE. Fortunately there was never extensive infestation in any one school. Head lice among school children continues to be a problem in many areas of the province.

Revisions were made to the VISION SCREENING program. As of January 1, 1989, all eligible six and nine year olds will be screened in addition to the four year olds who have received the service since 1985. An in depth evaluation is planned for 1990.

The problem of TEEN PREGNANCIES has recently received much attention, Saskatchewan having one of the highest teen pregnancy rates in Canada. Although the optimum is to prevent teen pregnancies, we recognize the need to improve support to teens when a pregnancy does occur. To this end, our Department has worked very closely with the Departments of Education and Social Services and the Sask. Medical Association to improve early identification, referral of and support for pregnant teens.

Evaluation of the SPEECH-LANGUAGE Screening tool for three year olds has shown it was not a particularly effective tool. Thus, a new screening tool/ approach was developed in which nurses are able to use their clinical judgment to a much greater extent. Nursing staff welcome this as a very positive change.

During the year, data was collected on the DEVELOPMENTAL SCREENING of infants and preschoolers. This data is being evaluated to assess if the tool currently in use, the Denver Developmental Screening Test, is meeting our needs well or if we should be considering alternate screening methods.

NURSING STUDENTS from a variety of programs again received clinical observation/ practice in the Region. Staff nurses continue to find this an interesting, stimulating, and challenging experience.

Nursing staff have assisted schools carry out their health curriculum by being a HEALTH INFORMATION RESOURCE PERSON to teachers and students and by providing educational programs on a variety of health topics. The Breakaway Project/Smoking Education has again been offered to most grade five classrooms in the Region.

We are pleased the Department of Health is providing leadership and enhancing public awareness of healthy lifestyle issues through the EVERYONE WINS Program. Health messages relate to seven key areas - nutrition, physical fitness, stress, accident prevention, alcohol and drugs, smoking, and communicable disease. This enhanced health education thrust fortifies the "health message" that Public Health Nurses have been delivering as an integral component in all our program areas.

ROUTINE PROGRAMS such as expectant parent classes, communicable disease control, Child Health Conferences, school health services and home visits continue to be offered in all areas of the Region.

Nurses have worked closely with other community health and health-related agencies and groups in the delivery of nursing services. All of our nursing staff are to be commended for their dedication to excellence in the provision of services.

TEAMWORK is essential and nurses appreciate the excellent support, assistance and cooperation of co-workers. Dr. Schnee, in particular, has over the year again given unstintingly of his knowledge, support, and many talents in assisting us carry out the nursing program. It is with the deepest regret that we bid him farewell as he leaves the Region to take up responsibilities elsewhere. His leadership over the past twelve years has contributed to a number of very positive changes for public health nursing not only in this Region but throughout the province. We wish him all the very best.

Gwen Johnstone

## SELECTED NURSING STATISTICS

| | 1986-87 | 1987-88 | 1988-89 |
|---|---|---|---|
| NURSING DAYS: | 3796 | 3593 | 3589 |
| CHILD HEALTH CONFERENCES: (Sept. 1/86-Mar. 31/87) | | | |
| Appointments Available | 7905 | 13253 | 12802 |
| Appointments Scheduled | 6823 | 11051 | 10564 |
| Appointments Seen | 5851 | 9443 | 9128 |
| Total Attendance: | | | |
| Infants | not available | 4495 | 4257 |
| Preschool | not available | 6121 | 6164 |
| PRENATAL CLASSES: | | | |
| Total | 209 | 193 | 264 |
| Attendance: prenatals | 561 | 466 | 598 |
| coaches | 478 | 401 | 535 |
| HOME VISITS: | | | |
| Total | 2362 | 2260 | 2120 |
| Prenatal | 112 | 125 | 91 |
| Postnatal | 871 | 751 | 798 |
| Adults (over 65) | 245 | 227 | 303 |
| (under 65) | 583 | 588 | 603 |
| Communicable Disease: (July 1/88-Mar 31/89) | | | |
| T.B. | | | 22 |
| S.T.D. | | | 8 |
| Other | | | 121 |
| SAIL Total | 269 | 333 | 319 |
| Respiratory (July 1/88-Mar. 31/89) | | | 196 |
| OTHER (NON HOME VISIT) CONTACTS (Available only for July 1/88-Mar. 31/89) | | | |
| Total | | | 4341 |
| Communicable Disease: | | | |
| T.B. | | | 67 |
| S.T.D. | | | 29 |
| Other | | | 393 |
| SAIL Respiratory | | | 188 |
| Other Equipment | | | 102 |
| OFFICIAL VISITS: | 1923 | 1829 | 1783 |
| GROUP EDUCATION: (includes health education programs in schools) | | | |
| Presentations | 134 | 127 | 110 |
| Attendance | 3309 | 3333 | 1746 |
| SCHOOL SERVICES: | | | |
| Teacher-Nurse Conferences | 1141 | 1062 | 1154 |
| Students Seen | 5463 | 5346 | 7167 |

## SENIOR PUBLIC HEALTH INSPECTOR'S REPORT

Staffing. On paper we have a full complement of public health inspectors. Maternity leaves removed two inspectors for 3 and 4 months respectively in the past year. The temporary shortage resulted in coverage of the Lloydminster district from North Battleford since November 1988. This has resulted in additional travel time for public health inspectors. We were also requested to provide services to the Prince Albert Region as they were very short of staff. Three inspectors each provided a few days of assistance.

Food Control. New public eating establishment regulations were published in the December 23rd issue of the Saskatchewan Gazette; as a result additional time was required to explain the new regulations when making inspections.

One major food borne illness was investigated. Approximately 150 people attended a banquet, 30 of whom became ill with 13 seeking medical attention. Identical strains of staphylococci were isolated from the vomitus, turkey, two salads, and the noses and throats of four food handlers.

The carpet of a banquet hall became saturated with sewage as the result of a sewer backup. A written order from Dr. Schnee was required to close the hall for a thorough cleaning.

The operator of a restaurant disregarded a clean up order and as a result was ordered closed by Dr. Schnee. The business was allowed to open three days later following a satisfactory cleaning.

Indoor Air Quality. The staff of a nursing home complained that a number of them suffered severe headaches at the same time. Air tests showed small levels of carbon monoxide in the air. The fresh air inlet of the kitchen was located near the chimney. It appeared when the wind was from a certain direction the fumes would be carried from the chimney directly to the air inlet. The problem appears to have been resolved by extending the length of the chimney.

High levels of carbon monoxide in a rink appeared to be the result of the operator not turning on the fans when the ice was being resurfaced.

Swimming Pools. A seven-year-old girl pulled unconscious from a swimming pool was revived with mouth-to-mouth resuscitation. This near fatility underscores the need for competent supervision at waterslides.

Community Health Education. Last year three swimming pool operator courses were presented by the staff, seven National Sanitation Training Programs for Food Handlers were presented and one training program for beverage room operators. We will expect to see considerable more emphasis on the training of food service personnel in the coming year as the new eating establishment regulations require that a trained person be on duty at all times.

In closing, I wish to commend the inspectors for their dedication during the past year. They have worked hard to solve an assortment of problems with which they were confronted and as always are prepared to face the challenges of the coming year. I also wish to thank the clerical staff for the valuable assistance which they have provided to the public health inspectors during the past year.

Respectfully submitted

John R. Johnson
Sr. Public Health Inspector

## NUTRITIONIST'S REPORT

Maggie Pioro (previous nutritionist) tendered her resignation effective August 31, 1988. I joined the staffing complement on January 3, 1989. My orientation to the Community Health Services Branch, health region staff and services and to the responsibilities accompanying my position is still ongoing.

### Priorities

The main priority of the nutritionist continues to that of health promotion. Specifically, the nutritionist aims to increase both public and professional awareness of the importance of good nutrition as part of a healthy lifestyle and its role in the prevention of diet related diseases.

Current areas of emphasis include:

- introduction of the 'Healthy Body Weight' concept to professionals and the general public
- educating staff and individuals about the importance of reducing total daily fat intake, increasing fibre intake and minimizing consumption of salt, sugar and alcohol.

### Nutrition Consultation and Promotion

Optimal nutrition is actively promoted by providing consultative services, information, education resources, counselling services and programs to public health staff and relating professionals, government agencies, community groups and individuals.

Most of the nutritionist's programs are targeted at nurses and lay leaders who can network the nutrition information to the public and other community and self help groups. Printed materials and the mass media are also used on a regular basis in order to maximize efficiency and to reach the greatest number of people possible.

Extensive counselling is not done with individuals but pregnant women or preschool children who have been assessed as being nutritionally at risk (usually by a member of the public health team) may be counselled on an individual basis. Individuals with therapeutic dietary requirements (eg. diabetes) are referred to hospital or regional dietitians. As well, requests for nutrition information from individual members of the public are handled on a daily basis.

Poor eating habits contribute to a wide variety of nutrition related illnesses causing serious health problems. Through the provision of accurate nutrition information, individuals can make informed decisions about the food they eat on a daily basis, thereby actively participating in maintaining their own good health and sense of well being.

Shelly A. Hagen
Public Health Nutritionist

## NUTRITIONIST SERVICES STATISTICS

| | 88-89 Total Attendance | 87-88 Total Attendance |
|---|---|---|
| **I. Presentations** | | |
| *Education Personnel (Teachers, Adult Educators, etc.) | 5 | 137 |
| Community Group | 395 | 391 |
| **Interagency/Interdisciplinary | 23 | 79 |
| **II. Media and Special Material Production** | | |
| Newspaper Releases | 52 | 52 |
| Radio Spots | 10 | 22 |
| Interviews - Television, Newspaper | 5 | 5 |
| Bulletin Board Displays, Mall Displays | 9 | 4 |
| Development Resource Material | 1 | 2 |
| **III. Inservice and Orientation** | | |
| Public Health Nursing Conference Presentations | 2 | |
| Orientation - New Staff and Students | 6 | |
| **IV. Information/Consultations** | | |
| Queries for information, material or nutrition resources: | | |
| Public | 186 | 264 |
| Staff | 35 | 43 |
| Health Professionals | 7 | 20 |
| Education Personnel | 8 | 36 |
| Diet Therapy Consultations/Counselling | 43 | 43 |

*Previously referred to as professional community groups
**Includes local dietitians, Indian Health Educators, Home Care personnel, etc.

## EARLY CHILDHOOD PSYCHOLOGIST'S REPORT

The 1988/89 fiscal year proved to be an extremely hectic yet personally rewarding one for myself. 165 referrals were received and 274 direct services were provided to children and their families in the region. Due to the province-wide evaluation of the Denver Developmental Screening Test (DDST), those children referred to me on the basis of a failed DDST were considered as priority cases until the end of August. Cameron Barr, the former ECP in Saskatoon spent a week with me to help with those assessments. Due to a continuous waiting list for ECP services, ongoing efforts were made to increase the communication (via assessment summaries, reports, etc.) between myself and the public health nurses regarding those children referred.

My monthly involvement with the four Early Childhood Intervention Programs (ECIPs) in the region took up a considerable amount of available time and involved assessing and/or consulting with ECIP staff on the 105 families served. As well, in September of 1988, I was appointed the representative from the Department of Health on the Provincial ECIP Council, replacing Cameron Barr who resigned his position in August. In conjunction with the regional ECIPs, Alvin Buckwold Centre Outreach Clinics were held in North Battleford, Meadow Lake and Ile-a-la-Crosse this year where an additional 70 exceptional children were seen for evaluation and program planning. I truly enjoyed these opportunities to work with the Alvin Buckwold Centre team despite the long hours and subsequent "mounds" of paper work.

My opportunities for professional updating during the year were limited to attendance at a two-day workshop on autism and/or communication disorders presented by the Council for Exceptional Children in Yorkton last May. Many efforts were made, however, throughout the year to provide public education services of a preventive nature to interested agencies and parents within the region. The entire ECIP staff for the region were offered workshops on child development and behavior management in Meadow Lake and Lloydminster, respectively. Presentations of a similar nature were also made to groups of parent-aid trainees at the request of Social Services in both North Battleford and Meadow Lake as well as to groups of parents and daycare staff in all districts. Radio spots of a preventive nature were also taped for the Battlefords listening area.

In retrospect, the past year is one that I will never forget. Many of my ongoing objectives to provide quality clinical and consultative services to families in this region were met (in part) and I was able to increase both my theoretical and clinical knowledge of children who have special needs or face special challenges. I again express my gratitude to Dr. Schnee and the other dedicated staff who have provided the support and patience required to work as an active team member in this demanding and challenging health region.

Rupal Bonli
Early Childhood Psychologist

# EARLY CHILDHOOD PSYCHOLOGY STATISTICS
## APRIL 1, 1988 to MARCH 31, 1989

### I. NEW REFERRALS

| | |
|---|---|
| A. Number of referrals received during the year | 165 |
| (i) Presenting Problem: | |
| 1) DDST Screening | 55 |
| 2) Other Developmental Concerns | 64 |
| 3) Behavioral | 47 |
| 4) Multiple | 9 |
| TOTAL | 165 |
| (ii) Referral Sources: | |
| 1) Public Health Nurse | 90 |
| 2) Speech/Language Pathologist | 27 |
| 3) Other CHSB Personnel | 3 |
| 4) ECIPs | 29 |
| 5) Parent/Guardian | 7 |
| 6) Other (Daycare, Physicians, Social Services) | 8 |
| TOTAL | 165 |

### II. SERVICE INFORMATION

| | |
|---|---|
| A. Number of services with or for children during the year | 274 |
| (i) Location of Direct Services | |
| 1) Regional Office | 108 |
| 2) District Office | 130 |
| 3) Home | 12 |
| 4) Other | 24 |
| B. Total number of no show appointments | 44 |
| C. Total number of referrals waiting for ECP services at end of year | 52 |

### III. DISTRIBUTION OF WORK TIME

| | % Time |
|---|---|
| 1) Casework/Case Management | 54 |
| 2) General Consultation | 6 |
| 3) ECIP Participation | 7 |
| 4) Public Education | 3 |
| 5) Research | 1 |
| 6) Inservice | 4 |
| 7) Professional Updating | 2 |
| 8) Travel | 15 |
| 9) Administration | 8 |
| | 100% |

### IV. PUBLIC EDUCATION

| | |
|---|---|
| i) Number of sessions held for interested people/agencies in region | 6 |
| ii) Number of participants involved | 70 |
| iii) Number of people oriented to ECP services | 14 |

## SPEECH-LANGUAGE PATHOLOGISTS REPORT

The Speech-Language Pathology programs for the North Battleford Health Region has experienced another year of challenge and change.

There were vacancies and staff changes in both the Lloydminster and North Battleford offices.

In North Battleford, Cathy Richardson was with the program until October of 1988 when she took an extended maternity leave. Prior to leaving an assessment blitz was conducted in September with 53 children being seen. Betty Tholl was hired in December of 1988.

In Lloydminster, Orlene Martens worked part-time from January to April of 1988. The position was then vacant until Terri Pulfer joined the program in August. The months of September, October, November and December were devoted exclusively to assessments, in an attempt to clear up the backlog of referrals that had accumulated during the vacancy (in September of 1988 - 112 clients were waiting for assessment). Therapy services were initiated in January and by March, 1989 therapy was provided 3 days a week.

The primary goal of the Speech-Language Pathology program is in the early identification and treatment of communication disorders. To this end we place the emphasis of our program on developing effective communication skills in preschoolers. Most of the children we see have language and/or speech problems. A few stutter or have voice disorders.

We work to assess the child's communication skills. Programs are then prepared to help the child learn more effective ways of communicating with other people. Some children are seen by us for individual or group therapy. Most, however, are placed on third-party programs where their parents or other people help them learn to communicate. A special thanks must be extended to all those dedicated parents, Early Childhood Intervention Program home teachers, and day care staff who have been a joy to work with.

In addition to working with preschoolers, the Speech-Language Pathologists also work with a few adult clients on a limited basis. These adults, for the most part, have communication difficulties caused by a variety of physiological and/or neurological disorders. For example, aphasia (language disorders) caused by strokes or other traumas to the brain; dysarthria (speech disorders) caused by Parkinson's or Wilson's Diseases; and voice problems caused by the removal of the larynx (voice box) or improper breathing habits.

The Saskatchewan Health Speech-Language Pathologists have the opportunity of being part of an interdisciplinary team regionally. We consult with a variety of professionals to help build the best programs possible for our clients. Some members of the team include the Early Childhood Psychologist, Nutritionist, Community Therapist, and the

Continued.....

Public Health Nurses. We also liaison with other agencies and departments including University Hospital, Alvin Buckwold Centre, Children's Rehabilitation Centre, Social Services, Education and the Battlefords Regional Care Centre.

Meetings with the other Public and Mental Health Speech Language Pathologists are held quarterly during the year. These continue to be a valuable resource for professional development and growth.

The largest percentage of work time this year was spent on assessment, reviews and therapy. A new communication questionnaire was introduced to the Public Health Nurses in March. This will be used in the upcoming year to screen the communication skills of the three year old children they see.

For the Speech-Language Pathologists, time for more direct therapy as well as time for public education, remain to be challenges for the following year.

We would like to take this opportunity to express our admiration and appreciation of the highly professional and caring staff of Health Region #13. We're sure 1989 will prove to be just as challenging and rewarding a year for all of us as was 1988.

Submitted by Betty Tholl and Terri Pulfer

## SPEECH AND LANGUAGE SERVICES STATISTICS

## DISTRIBUTION OF WORKING TIME

(Average per month for April, 1988 to March, 1989)

| | NORTH BATTLEFORD | | LLOYDMINSTER | |
|---|---|---|---|---|
| | 1987-88 | 1988-89* | 1987-88** | 1988-89*** |
| Casework | 74.15% | 66.2% | 80.6% | 74.9% |
| Travel | 7.0 | 10.1 | 6.7 | 11.4 |
| Public Education | 1.6 | 1.5 | .4 | .2 |
| Administration | 15.7 | 14.9 | 11.6 | 8.9 |
| Professional Development | 1.6 | 7.3 | .7 | 4.7 |

* Based on the eleven months there was an SLP in North Battleford
** Based on the six months there was an SLP in Lloydminster
***Based on the eight months there was an SLP in Lloydminster

## CASELOAD INFORMATION

| | 1987-88 | 1988-89 |
|---|---|---|
| Number of New Referrals | 321 | 420 |
| Source of Referrals | | |
| PHN-3yr old communication screen | 153 | 211 |
| Other PHN | 55 | 84 |
| E.C.P. | 7 | 5 |
| M.D. | 14 | 12 |
| SHAP | N/A | 0 |
| Parent | 36 | 29 |
| Other | 56 | 79 |

## STATUS OF CASES

| | Waiting for Assessment | Waiting for Treatment | In Treatment | TOTAL | Overdue for Review |
|---|---|---|---|---|---|
| March 31, 1987 | 81 | 20 | 208 | 309 | 57 |
| March 31, 1988 | 99 | 52 | 142 | 293 | 47 |
| March 31, 1989 | 83 | 39 | 168 | 290 | 35 |

## CHIROPODY

1988 marks the fourth year of Chiropody Services in the North Battleford Health Region. Since 1984, over 5,000 residents have visited the chiropody clinic within the region.

Treatment is provided at clinics held on a regular basis in North Battleford, Unity, Meadow Lake and Lloydminster.

In September, services to the region were limited to two days per week as Dr. Richardson went on educational leave. Regular clinical service was provided to the North Battleford, Lloydminster and Meadow Lake. Unfortunately, the Unity clinic had to be discontinued.

The chiropody service is available to the residents of the health region providing they have a valid health services card. Patients are seen on a referral basis. Referrals are accepted from: (1) general practitioners (2) public health nurses or (3) home care coordinators.

Referrals are priorized and placed in one of four categories:

(1) medically at risk - elderly
(2) medically at risk - general population
(3) well elderly
(4) general public - not medically at risk

The elderly are those people 65 years and older. Medically at risk is defined as "all acute and septic conditions related to systemic general disorders such as diabetes, peripheral vascular disease, etc.".

On average, 20 patients are being seen per clinic day. Every effort is being made to see patients within one week of referral. We look forward to meeting the demand for chiropody treatment throughout this health region.

## CHIROPODY STATISTICS

| CLINICS | 1988/89 | 1987/88 |
|---|---|---|
| **NORTH BATTLEFORD** | | |
| New Patients | 459 | 578 |
| No. of Return Treatments | 1,048 | 1,388 |
| **LLOYDMINSTER** | | |
| New Patients | 113 | 153 |
| No. of Return Treatments | 179 | 204 |
| **MEADOW LAKE** | | |
| New patients | 49 | 64 |
| No. of Return Treatments | 75 | 105 |
| **UNITY** | | |
| New Patients | 52 | 90 |
| No. of Return Treatments | 89 | 113 |
| **HEALTH REGION TOTAL** | | |
| New Patients | 673 | 885 |
| No. of Return Treatments | 1,391 | 1,830 |
| | 2,064 | 2,715 |

New Patients include those seen for the first time as well as those returning more than a year after having been discharged.

Number of Return Treatments include all treatments on returning patients within one year of the initial visit.

## DENTAL HEALTH EDUCATION

North Battleford Health Region has one full time temporary position and two part-time temporary positions. They provide dental health education to 75 schools in this health region plus Dore Lake school out of the Prince Albert Health Region. The target groups are kindergarten to Grade 6 inclusive.

Linda Stevenson and Ellen Wagner are headquartered in Meadow Lake and they work in Turtleford, Meadow Lake, Lloydminster (public and separate), Battle River and part of the Northern Lights School Division.

Leslee Clark, headquartered in North Battleford, works in Battleford, Kerrobert, Wilkie (public and separate), Unity (separate), Paynton, Blaine Lake, North Battleford (public and separate), Northern Lakes and Biggar School Divisions.

This year our presentations included Grades K-6. One visit was given per classroom during the school year. It consisted of dental awareness, dental protection, dental diseases, brushing, flossing and proper home care.

We are promoting Fluoride Mouthrinse Programs in all schools wishing to participate. Continued Fluoride Mouthrinse Programs include such schools as: Winston Churchill, Barr Colony, St. Thomas, Avery , Queen Elizabeth, Rendall Park, Lloydminster; Spruce Lake, Loon Lake, Connaught, North Battleford; St. George, Wilkie; St. Peter's, Unity; Lakeview Hutterite Colony, Unity; Hillsvale Hutterite Colony, Cut Knife schools.

New Fluoride Mouthrinse programs include Maymont, Maidstone, Lashburn, Edam, Lakeview, Meadow Lake schools.

Schools waiting for fluoride mouthrinse approval Lone Rock, Hillmond and Marshall.

We also had a preschool dental health program that was very well received by many daycares and child care centers.

The major emphasis of the program is to ensure that the children receive dental health instruction and to promote fluoride mouthrinse programs in the schools.

DENTAL HEALTH EDUCATION STATISTICS - Total Schools - 76

| Classrooms | # Of Presentations | # Of Students |
|---|---|---|
| K | 85 | 1636 |
| 1 | 98 | 1666 |
| 2 | 73 | 1460 |
| 3 | 77 | 1553 |
| 4 | 68 | 1459 |
| 5 | 73 | 1421 |
| 6 | 64 | 1452 |
| Preschool Presentations: | 14 | 396 |

Leslee Clark, Linda Stevenson and Ellen Wagner
Dental Health Educators

## COMMUNITY THERAPY

The community therapy program during 1988/89 has provided service to the region out of headquarters located in North Battleford, Turtleford and Lloydminster. Services during the year were restricted as we were unable to fill the vacant therapist position in Meadow Lake. Services to the Meadow Lake-Turtleford area was resumed however, on a part-time basis as we were fortunate enough to hire a well qualified therapist who moved into the Turtleford area in August.

The objective of the program is to provide hands-on community based rehabilitation treatment within the region. This is done through the hiring of qualified, well trained physio or occupational therapists.

The program stresses prevention as well as cure. To this end, the therapists work in association with rural hospitals, special care homes, home care and other community agencies such as sheltered workshop, developmental centres, early childhood intervention programs, schools, community groups, seniors, activity centres and mental health settings.

## COMMUNITY THERAPY STATISTICS
## (APRIL 1, 1988 - MARCH 31, 1989)

| | | |
|---|---|---|
| 1. | TREATMENT ATTENDANCES | |
| | a) Hospital in-patient visits | 249 |
| | b) Hospital out-patient visits | 1,450 |
| | c) Other visits (includes special care home, community, home care, developmental centre, early childhood intervention program, industry, community group, other) | 535 |
| | Total Attendances | 2,234 |
| 2. | DIRECT WEIGHTED UNITS (one unit is equal to one minute of a patient/client direct care) | 75,052 |
| 3. | INDIRECT WEIGHTED UNITS (one unit is equal to one minute of patient/client indirect care (time involved in those activities which support or supplement the diagnosis/evaluation/ treatment of a specific patient/client)) | 32,234 |
| | Total Weighted Units | 107,286 |
| 4. | a) New Referrals (patient/client) | 769 |
| | b) Carried over referrals (patient/client) | 1,226 |
| | Total Referrals | 1,995 |
| 5. | Hours spent in education to: | |
| | a) staff development | 70.75 |
| | b) public education | 36.50 |
| | Total Education Hours | 107.25 |
| 6. | Hours spent in consultation for: | |
| | a) expert/technical advice | 111 |
| | b) board/committee functions | 41 |
| | Total consultation hours | 152 |
| 7. | a) Hours spent in other (quality assurance, clinic teaching, research) | 31.5 |
| | b) Hours spent in support functions (program planning, employee meetings, statistics, preparation/clean-up, other) | 693.25 |
| | c) Hours spent in travel | 631.25 |
| | Total other hours | 1,324.50 |
| 8. | Total non-patient care time (5 & 6 & 7) | 1,583.75 hours |
| | Hours x 60 = Units | 95,025 Units |
| 9. | Total worked units (Patient and non-patient care) | 202,311 Units |
| | | 3,371.8 hours |

## SASKATCHEWAN HEARING AID PLAN

The Saskatchewan Hearing Aid Plan started providing a full-time clinic to the region in August 1988. Prior to this, services was limited to four days per month originating out of Saskatoon.

The clinic office is situated on the 3rd floor of the Provincial Building. This has created some problems for the staff and clients alike in as much as the main public health office is located on the second floor. We have recognized the problems and are endeavoring to provide high quality service to our clients in spite of some minor inconveniences.

Since opening the clinic in August 1988, 484 adults and children audiological assessments were carried out with 106 hearing aid fitting follow-up appointments. In addition, 265 clients were fitted with hearing aids and a further 527 were seen regarding service and/or repairs.

The demand for service has resulted in a waiting period between one and two months, which is considered acceptable. The waiting list has declined to 48 from 113 prior to the clinic being opened.

In addition to the North Battleford office, service is provided to Northern Saskatchewan on a limited basis. Service is also provided directly to the special care home within the region. Since August, two homes were visited to provide audiological and hearing aid services.

The opening of the clinic has provided a significant improvement in the level of audiological services to the region --a service we hope to be able to continue to provide to the residents of the North Battleford Health Region.

Ranjit Mann
Audiologist